

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

FEE PAYMENT

6. ☐ Attached is a check in the sum of \$_____.
- ☐ Charge Account No. 501668 the sum of \$0.00.
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

8. ☒ If any additional extension and/or fee is required, charge Account No. 501668.

February 25, 2004

MILLENNIUM PHARMACEUTICALS, INC.

By



Tracy M. Sioussat
Registration No. 50,609
40 Landsdowne Street
Cambridge, MA 02139
Telephone – (617) 374-7679
Facsimile – (617) 551-8820